

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25780

1. PLACE OF BIRTH

County Page

Registration District No. 641

Township Jackson

Primary Registration District No. 585d

City Page (No. 1)

File No. 9

Registered No. 25780

2. FULL NAME

(a) Residence, No. Charles Rudolph Goethen St. Page Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. 9 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 - 1933

7. AGE YEARS 0 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. 3 or min. 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) Infant
11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Goethen

13. NAME Rudolph P. Goethen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Goethen

15. MAIDEN NAME Ethel Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Goethen

17. INFORMANT Edith Goethen (ADDRESS) Mo. Goethen

18. BURIAL, CREMATION, OR REMOVAL St. Paul's Cemetery DATE 7/20 1934

19. UNDERTAKER Edith Goethen (ADDRESS) Mo. Goethen

20. FILED July 19, 1934 Robert Prater Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934 to July 18, 1934
I last saw him alive on July 18, 1934. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia
(Right side)
181
107A

Other contributory causes of importance:

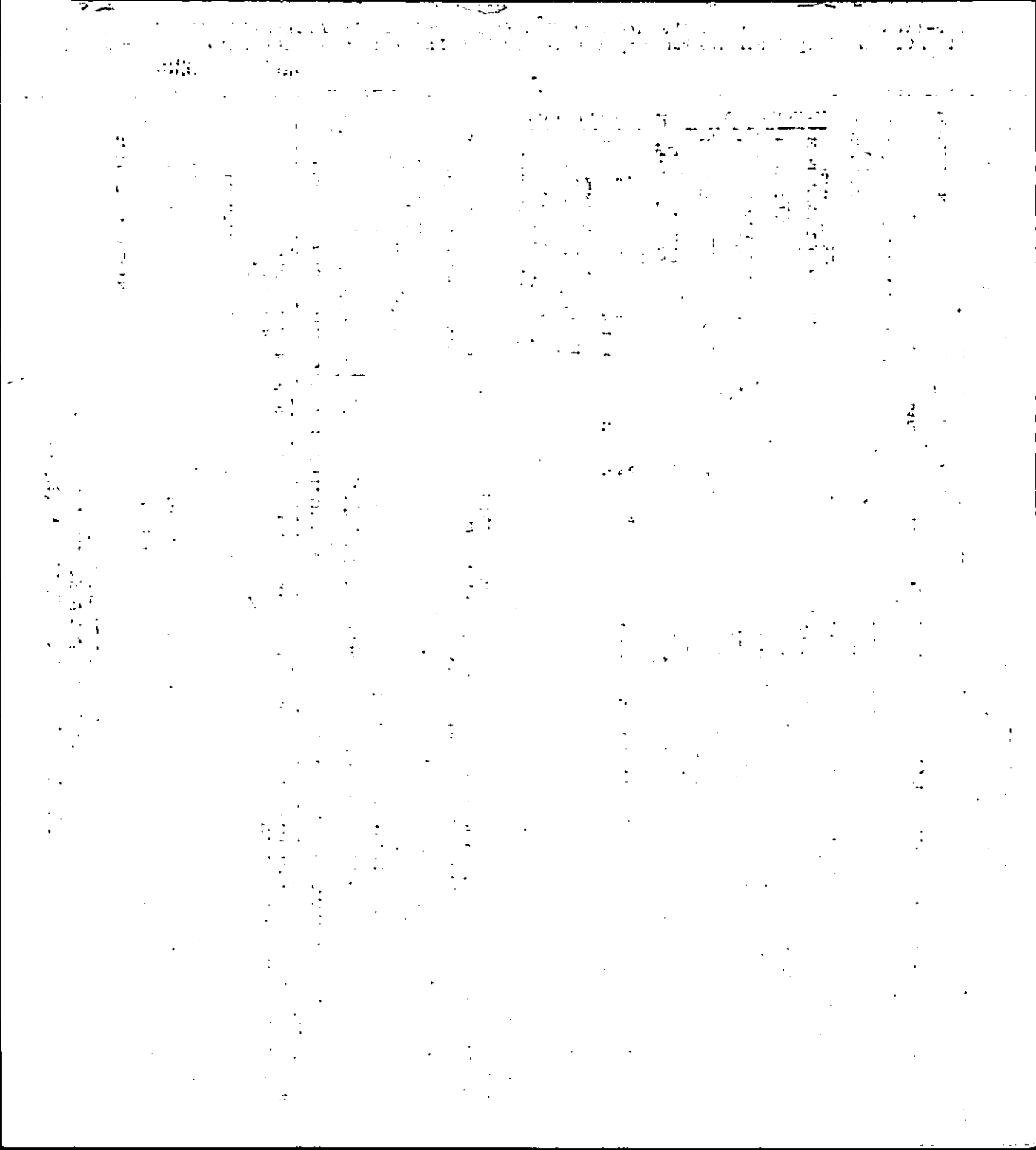
Burns of chest
(front part)

Name of operation None Date of 7/18/34
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1934
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) W. E. Easton, M. D.
(Address) Mo. Goethen



WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charles Rudolph Loethen
 Who died at _____ on July 18 - 1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 18 Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Pneumonia of right side (bronchitis)

Other contributory causes of importance Burns of chest

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Fallen cup of 1888 Coffee off table upon him - Self

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician S E Gaston

Address of physician Meta Mo

X Signature of Registrar Robert Prater

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 641

Very truly yours,

Primary Reg. Dist. No. 5850

E. T. McGaugh M.D.
S.E.

Special Agent.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

REPORT OF THE
COMMISSIONER OF PLANT INDUSTRY
FOR THE YEAR 1918

5-25780